The background of the cover is composed of several large, solid-colored rectangles. At the top is a dark red horizontal band. Below it, the main area is divided into a large green rectangle on the left and a tall orange rectangle on the right. The bottom section is divided into a large red rectangle on the left and a blue rectangle on the right. A thin white line runs vertically between the green and orange rectangles, and another runs vertically between the red and blue rectangles. A horizontal white line separates the top dark red band from the rest of the cover. The title text is centered within the green rectangle.

2012 Kentucky Elder Abuse Annual Report

A Collaboration of the Cabinet for Health and Family Services
and the Kentucky Elder Abuse Committee

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Kentucky Elder Abuse Committee

In 2005, the legislative amendments to Kentucky Revised Statutes (KRS) Chapter 209 provided the Cabinet for Health and Family Services (CHFS), law enforcement, prosecutors, advocates, and the courts with the tools needed to better prevent maltreatment of elders and protect them from abuse, neglect, and exploitation. Effective implementation required the guidance and direction of a statewide Elder Abuse Committee (EAC) as mandated by KRS 209.005. This committee provides technical assistance to CHFS and partners with the General Assembly, service providers, and vulnerable elders in the Commonwealth.

As data are collected and community connections are enhanced, the committee, CHFS, the advocacy community, and the legislature have an enhanced capacity to discern trends and anticipate future needs of the vulnerable adult population in the Commonwealth. Specifically, the trend toward increased self-neglect, caretaker neglect, and financial exploitation is noteworthy and bears consideration as future public policy regarding elder maltreatment prevention and enforcement is shaped.



The number of aging citizens and their families who decide to have services provided in private homes, combined with public awareness, increased reporting, and a growing elder population, are all factors that impact the recent rise in self-neglect and exploitation. Certainly, there are fewer protections and supports available to those receiving care in their private homes than in long-term care settings, but one of the long-term goals of the committee is to enhance all services so that elders will be able to remain safe in the community, whether in their homes or in a long-term care setting.

The EAC continues to serve as an advisory body related to recommendations from Governor Beshear's report entitled *Protection of Nursing Home Residents*. The membership is actively involved in a plan for improving the communication, coordination, and cooperation of all entities involved in the regulatory, investigative, and prosecutorial duties related to nursing homes and their residents. Through these concerted efforts, Kentucky will ensure that its elder citizens are able to live lives protected from abuse, neglect, and exploitation.

Additionally, the EAC is actively involved in the discussion of additional legislative efforts to enhance appropriate hiring and retention of long-term care staff. These efforts are aimed at providing additional protections for vulnerable adults through enhanced statutory supports for providers.

For 2013, EAC is exploring other elder abuse issues through sub-committee work. Some of these issues are related to expansion of advocacy for long-term care residents, elder abuse research, and identification of service array challenges throughout the Commonwealth. As the population continues to mature, additional focus will need to be given to all aspects of elder care, and the committee will continue to provide the leadership related to victimization of this expanding elder population.

Membership

Ruby Jo Cummins-Lubarsky

Kentucky Association of Health Care Facilities

Tim Veno

Kentucky Association of Homes and Services for the Aging

Jimmy Pollard

Henry County Coroner

Pamela B. Teaster, PhD, Director

Graduate Center for Gerontology
University of Kentucky

Walter M. Wilhoite

Chief of Police
City of Frankfort

Marsha Hockensmith, Director

Protection and Advocacy

Bernie Vonderheide

Kentuckians for Nursing Home Reform

Lois Pemble

Kentucky Initiative for Quality Nursing Home Standards

Nancy Trentham

Kentucky Initiative for Quality Nursing Home Standards

Teri Shirk

Alzheimer's Association
Greater Kentucky and Southern Indiana Chapter

Phil Peters, State Director

AARP Kentucky

J. Michael Brown, Secretary

Justice & Public Safety Cabinet

Major Mike Crawford

Kentucky State Police, West Troop

Kimberly Baker

State Long-Term Care Ombudsman

Audrey Tayse Haynes, Secretary

Cabinet for Health and Family Services

Teresa C. James, Commissioner

Department for Community Based Services

Chip Ward, Executive Director

Office of the Ombudsman

Mary Begley, Inspector General

Cabinet for Health and Family Services

Stephanie Mayfield Gibson, MD

Commissioner

Department for Public Health

Stephen Hall, Ph.D, Commissioner

Department for Behavioral Health,
Developmental and Intellectual Disabilities

Deborah Anderson, Commissioner

Department for Aging and Independent Living

Vicki Green

FIVCO Area Agency on Aging and Independent Living

Nancy Addington

Lincoln Trail Area Agency on Aging

Ian Sonogo

Prosecutor's Advisory Council
Office of the Attorney General

Partnering Agencies

Long-Term Care Ombudsman Program

The Kentucky Long-Term Care Ombudsman Program (KY LTCOP) advocates for residents of nursing homes, personal care homes, and family care homes. Ombudsmen work to resolve problems of individual residents and to bring about improvements in care and in quality of life through advocacy, which result in changes at the local, state, and national levels.

While most residents receive good care in long-term care facilities, far too many are neglected and suffer psychological, physical, and other types of abuse. Kentucky has 15 District Ombudsmen as well as 94 trained and certified volunteer Ombudsmen who regularly visit long-term care facilities, monitor conditions and quality of care, and provide a voice for those unable to speak for themselves.

First launched in 1972 as a demonstration program, the Ombudsman Program today operates in all states as a provision of the Older Americans Act, administered by the federal Administration on Aging. Since 1978, Kentucky Ombudsmen have served residents of long-term care facilities in all 120 Kentucky counties. Services of the KY LTCOP are coordinated through the CHFS, Department for Aging and Independent Living (DAIL), and Office of the State Long-term Care Ombudsman (SLTCO). The office also oversees 15 district programs affiliated with Area Agencies on Aging and Independent Living. The programs receive federal, state, and local funding and do not charge for services.

- During the last National Ombudsman Reporting System period, the KY LTCOP received 5,759 complaints made by, or on behalf of, long-term care residents.
- The KY LTCOP investigated 4,406 cases related to quality of care and quality of life concern.
- Kentucky presently has 313 skilled nursing facilities and 226 family care homes and personal care homes, for a total of 539 long-term care facilities receiving services through the LTCOP.
- KY has a long-term care bed count of 34,058.
- The SLTCO provided 5,435 consults to consumers.
- The SLTCO provided 1,980 consults to facilities.
- The SLTCO conducted 1,183 community education workshops.
- The SLTCO provided 13,261 visits to our residents in long-term care.
- The SLTCO and the Commissioner of the Department for Aging and Independent Living have visited each district in the state to offer assistance, provide support, and listen to the concerns and needs of the programs.
- The SLTCO is presently working with the Health Occupations Students Association and Media Arts students of Elkhorn Crossing School on a series of Public Services Announcements addressing Elder Abuse Awareness and the need for community involvement.
- The SLTCO has initiated multi-agency regional forums designed to effect systemic change for improved services that are delivered through various government agencies on behalf of Kentucky's vulnerable adults.

Department for Aging and Independent Living - Guardianship Services

The Guardianship Services Program currently serves over 3,300 Kentucky residents with various disabilities in all regions of the state. Clients enter the program after they have been declared "legally disabled" by the court, when no other family or appropriate support person is willing or able to serve. There is no waiting list for this program. Guardianship Services involvement in a client's life is determined by the court, and it may be in any combination of responsibilities from limited to full personal and financial decision-making. The loss of self-determination for clients may include the right to determine living arrangements, make decisions regarding medical care and procedures, vote, drive a car, sell property, manage money, and/or sign legal documents such as checks, marriage licenses, or wills.

Guardianship clients range from 18 to 103 years of age, with differing levels of mental, physical, and developmental disabilities. Clients are frequently the victims of abuse, neglect, exploitation and need protection of their person as well as assets. In addition, increasing in the Guardianship Services Program population are clients with criminal histories and no place to go; they might also need intervention to prevent future crimes or ensure the safety of the communities where they reside. The Guardianship Services Program

utilizes only the resources of the client, or those available within the community, as there is no dedicated state or federal funding for non-covered services/programming.

Guardianship staff is available 24 hours a day, 365 days a year, to ensure needed accessibility and awareness. The Guardianship Services Program upholds the health, safety, and welfare of many at-risk Kentuckians, who without protection might suffer both grave personal and financial loss.

Office of the Ombudsman

The Office of the Ombudsman serves as an advocate and a sounding board for the citizens of Kentucky when they take issue with CHFS programs, policies, and their administration. Though elder abuse issues in nursing home and long-term care facilities fall under the auspices of the SLTCO in DAIL, the CHFS Office of the Ombudsman handles complaints relating to Adult Protective Services (APS) by reviewing the casework to determine if policy was followed and working with the Department for Community Based Services (DCBS) to resolve issues when necessary.

Kentucky State Police

The Kentucky State Police (KSP) strives to maintain the highest standards of excellence utilizing training and technology to create a safe environment for citizens and continue as a national leader in law enforcement. KSP is a statewide full service agency that promotes public safety through service, integrity, and professionalism utilizing partnerships to:

1. Prevent, reduce, and deter crime and the fear of crime;
2. Enhance highway safety through education and enforcement; and,
3. Safeguard property and protect individual rights.

GOAL 1: Human Resource Development - Provide a highly motivated and competent workforce to deliver police services to citizens of the Commonwealth.

GOAL 2: Highway Safety - Reduce the number of traffic crashes involving injury and death on Kentucky's highways.

GOAL 3: Reduce/Prevent Crime - Contribute to the creation of safe communities by initiating efforts to reduce and prevent crime in rural Kentucky.

GOAL 4: Information Technology - Utilize technology to deliver real time information for the efficient delivery of police services.

KSP's dedication and strict adherence to our core values and principles ensure that the Kentucky State Police will remain a detail-oriented, efficient, and professional law enforcement agency in service to the citizens of the Commonwealth of Kentucky.

Lincoln Trail Area Agency on Aging and Independent Living

The Lincoln Trail Area Development District (LTADD) was created as a non-profit corporation in 1968. The organization was designated as a public agency within KRS Chapter 147A as a result of legislative action creating area development districts in 1972. LTADD includes the eight west-central Kentucky counties of Breckinridge, Grayson, Hardin, Larue, Marion, Meade, Nelson, and Washington and is one of the 15 Area Development Districts in the Commonwealth.

Operating within LTADD, the Area Agency on Aging and Independent Living (AAAIL) administers federally and state-funded aging programs, consumer directed services to disabled individuals, and services to family caregivers. The LTADD's AAAIL aims to enable citizens to live to their highest quality of life possible. The mission of the LTADD's AAAIL is to empower individuals to age with independence and dignity by providing leadership, direction, advocacy, and support for a comprehensive and coordinated continuum of community care.

Kentucky Division of Protection and Advocacy

The Kentucky Division of Protection and Advocacy (P&A) is Kentucky's protection and advocacy system mandated by federal and state laws to advocate for individuals with disabilities. Kentucky P&A receives part of its funding from the Administration on Developmental Disabilities, the Center for Mental Health Services within the Substance Abuse and Mental Health Services Administration, the Rehabilitation Services Administration, the Health Resources and Services Administration, and the Social Security Administration. Kentucky P&A is a member of the National Disability Rights Network, a nonprofit umbrella organization to which all 57 protection

and advocacy systems belong. Congress gave P&As the authority to access individuals with disabilities, their records, and the locations where they receive services and supports to investigate abuse and neglect, monitor facilities, provide information and referral services, and pursue legal and other remedies on their behalf.

Office of the Inspector General

The CHFS Office of Inspector General (OIG) is Kentucky's regulatory agency for licensing all health care facilities, long-term care facilities, day care, and private child welfare agencies/facilities in the Commonwealth. OIG is responsible for the prevention, detection, and investigation of fraud, abuse, waste, mismanagement, and misconduct by CHFS clients, employees, medical providers, vendors, contractors, and subcontractors. OIG also conducts special investigations into matters related to CHFS or its programs as requested by the CHFS Secretary, Commissioner, or other office head.

With regard to health care, the OIG Division of Health Care is responsible for inspecting, monitoring, licensing, and certifying all health care facilities as defined by KRS 216.510(1). The division also is responsible for investigating complaints against health care facilities, reviewing facility plans, and developing regulations. The division recommends various long-term care facilities for certification to receive Medicaid and Medicare funds through contracts with the Health Care Financing Administration of the U.S. Department of Health and Human Services. The regional offices of the Division of Health Care are responsible for conducting onsite visits of all health care facilities in the state to determine compliance with applicable licensing regulations and Medicare/Medicaid certification requirements. Complaints concerning these facilities are investigated by regional offices' staff.

Office of the Attorney General - Medicaid Fraud and Abuse Control Division

The Office of the Attorney General's Medicaid Fraud and Abuse Control Division (MFCU) investigates and prosecutes provider fraud in the Medicaid system. The MFCU also investigates allegations of criminal abuse of patients at facilities which receive Medicaid funding, including long-term care facilities, such as nursing homes. Kentucky law provides criminal penalties when persons engage in intentional, wanton, or reckless abuse or neglect which results in injuries to adults at such facilities. The MFCU also investigates allegations of the misuse of patient funds by personnel at long-term care facilities. Under Kentucky law, the local County or Commonwealth Attorney has the authority to prosecute abuse cases investigated by the MFCU. However, MFCU Assistant Attorneys General may be invited to prosecute selected cases by local prosecutors.

The MFCU receives allegations of patient abuse and neglect from the CHFS, Department for Community Based Services, which often conducts preliminary investigations of complaints. An electronic notification system was recently established between the two agencies to better coordinate investigations. The MFCU also operates an Abuse Hotline, (502) ABUSE TIP or (502) 228-7284, and accepts abuse allegations online at ag.ky.gov/abuse. The MFCU provides training to state and local law enforcement on how to recognize cases of abuse and neglect.

Kentuckians for Nursing Home Reform, Inc.

Kentuckians for Nursing Home Reform, Inc. is an advocacy group whose volunteer members are dedicated to improving the care of residents of long-term care facilities. This is a statewide non-profit organization.

Web site: KyNursingHomeReform.org

Contact: Bernie Vonderheide, president and founder

Telephone: (859) 312-5617

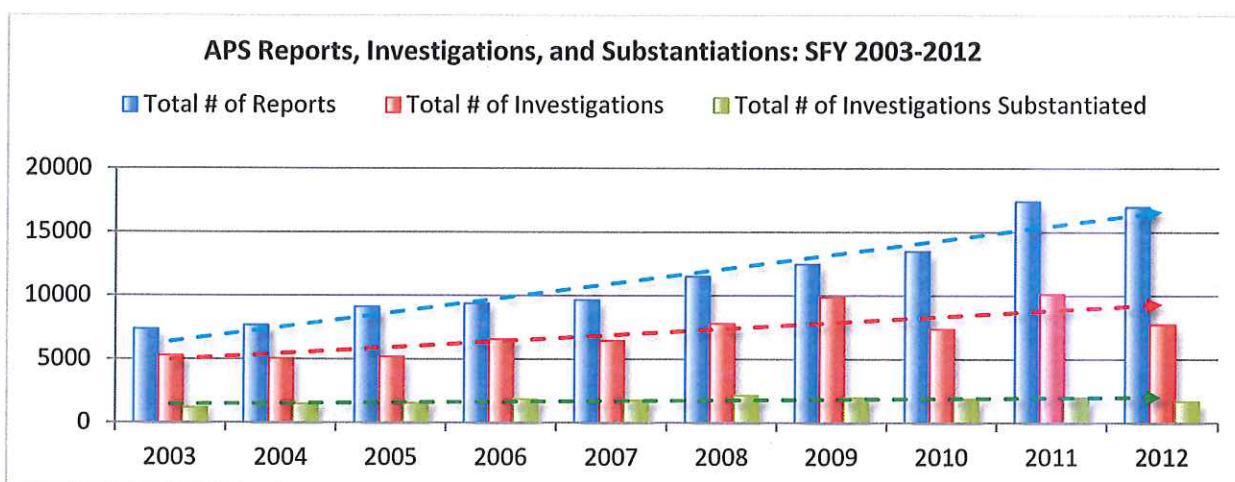
Department for Behavioral Health, Developmental and Intellectual Disabilities

The Department for Behavioral Health, Developmental and Intellectual Disabilities' mission is to provide leadership, in partnership with others, to prevent disability, build resilience in individuals and their communities, and facilitate recovery for people whose lives have been affected by mental illness, substance abuse, or intellectual disability or other developmental disability.

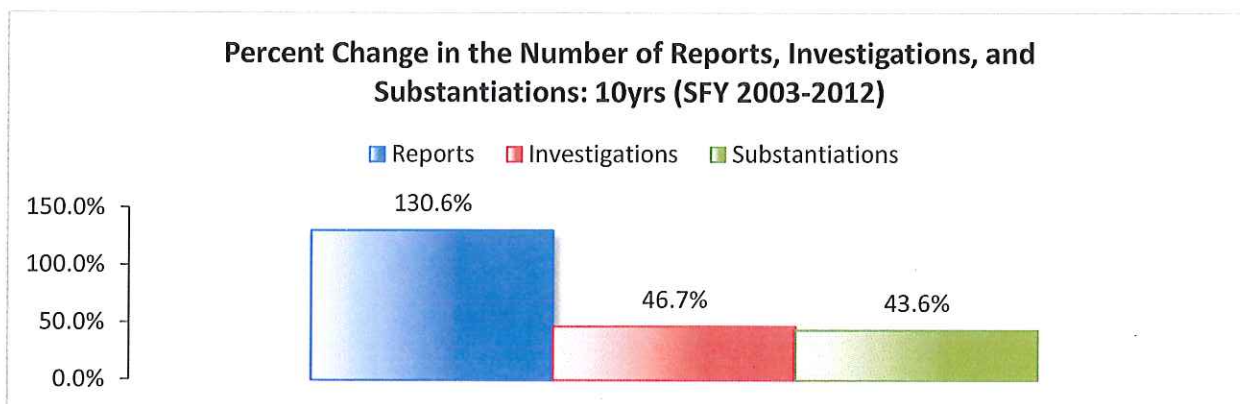
Adult Protective Services Response to Elder Abuse

In 1978, Kentucky enacted the first statewide statutory response to maltreatment of vulnerable adults who, due to physical or mental functioning, are unable to protect themselves from abuse, neglect, and exploitation and are unable to effectively access services. The enactment led to the development of designated DCBS staff tasked with investigating adult abuse and service provision. Additionally, numerous coordinated efforts have been developed to respond to these crimes. Kentucky continues its strong commitment to serving this vulnerable population through coordination of efforts with multiple entities.

Kentucky provides protection to all individuals age 18 and older who are unable to protect themselves due to physical or mental functioning, including elder adults age 60 and older. While age 60 is a contrived number and is not indicative of declining functioning and inability to protect oneself, there is evidence that, as an individual reaches certain life milestones, a decline in capacity and an increase in isolation may occur. Thus, attention is paid.



During State Fiscal Year (SFY) 2012, DCBS received nearly 17,000 reports (or calls) related to vulnerable adults. Of the reports made, 7,729 met the criteria for an adult abuse, neglect, and exploitation investigation, and a substantiated finding was made in 1,694 of these investigations.



Although the data indicate a 2.5% decline in reports, a 23.4% decline in investigations, and a 13.7% decline in substantiations from SFY 2011 to SFY 2012; there has been a 130.6% increase in the number of reports (or, calls), a 46.7% increase in the number of investigations, and a 43.6% increase in the number of substantiations from SFY 2003 to SFY 2012.

Local Coordinating Councils on Elder Abuse

During the 2005 Regular Session of the Kentucky General Assembly, House Bill 298 was enacted, and it amended specific provisions of KRS Chapter 209 to include creation of the Kentucky's Elder Abuse Committee. The Elder Abuse Committee subsequently recommended the formulation of the statewide network of Local Coordinating Councils on Elder Abuse (LCCEA). Kentucky currently has 28 LCCEAs that cover 108 of Kentucky's 120 counties. (See Appendix B.) While the LCCEAs are independent and are not administered through the court or by CHFS, DCBS has for several years acted as a resource by facilitating communication, providing public awareness materials, awarding funds, and participating on the councils. LCCEAs are comprised of professionals from a variety of disciplines as well as members of the public. Their membership and activities are reflective of the communities they serve, and their primary focuses are prevention, intervention, and resource development aimed at ending abuse.



As the population of older Americans grows, so does the hidden problem of elder abuse, neglect, and exploitation. Effective interventions can help to prevent the occurrence of these types of maltreatment by increasing education and awareness to professionals who provide services to the elderly, communities, and family members. LCCEAs work diligently throughout the year to promote awareness and educate the public in an effort to combat all forms of elder maltreatment to Kentucky's elders.

Highlights in 2012 include:

- The Kentucky River Council against Maltreatment of Elders partnered with Eastern Kentucky University's Department for Criminal Justice to host a statewide Responding to Elder Abuse Crimes Conference. The week-long conference held at the Hal Rogers Center in Hazard included several local and national speakers.
- The Madison County LCCEA created an Elder Abuse Calendar in partnership with B. Michael Caudill Middle School. The top 18 submissions were picked to create the calendar.
- In addition to hosting a statewide conference and partnering with the school system to create a calendar, LCCEAs across the state have created or participated in:
 - The development of websites or Facebook pages;
 - Bank teller trainings;
 - In-service trainings to alternate care facilities regarding signs of abuse, neglect, and duty to report;
 - Radio announcements and newspaper ads that focused on elder abuse awareness and prevention; and
 - The distribution of public awareness materials at health fairs and conferences.

In an effort to recognize LCCEAs for their hard work in promoting elder abuse awareness and prevention, CHFS partnered with Dr. Pamela Teaster, Associate Dean for Research, University of Kentucky's College of Public Health, to plan and host the 2012 LCCEA recognition event. This is the third year LCCEAs have been recognized through an event at the University of Kentucky for their work and dedication to promoting elder abuse awareness and prevention throughout the state. In 2011, Dr. Teaster was awarded a \$10,000 grant from the University of Kentucky's Commonwealth Collaborative Fund for Community Engagement. The funds are being used to assist the LCCEA's efforts to develop new councils and strengthen the existing work across the state.

The collaboration between CHFS and the statewide network of LCCEAs is a critical to promoting the safety and wellbeing of vulnerable adults.

Adult Protective Services Trainings

Beginning in late 2010, CHFS initiated a review of all designated Adult Protective Services (APS) staff training records for the purpose of ensuring all APS staff had received the appropriate competency-based training and instruction. Since that time, 87 active APS staff successfully completed specialized training: Investigations in Alternate Care Facilities classroom training and Investigations in Alternate Care Facilities: Supports for Community Living Waiver web-based training. Forty-two staff received the specialized training in 2012.

The following offers a description of each of the APS training curricula that include content about elder and vulnerable adult maltreatment occurring in both the community-based and alternate care settings.

Course Name: Elder Abuse: Initial Course

Course Description: This training meets the legislative mandates of KRS Chapter 194A, requiring all DCBS staff to complete an elder abuse, neglect, and exploitation initial course. This training is designed for DCBS and the Department for Income Support's Child Support Enforcement staffs to increase identification and assessment skills in order to prevent and remedy elder maltreatment. The training presents demographic information and future trends of the elder population; examines the dynamics and effects of elder abuse, neglect, and exploitation; identifies lethality and risk factors; and presents model protocols on providing community resources and victim services.

Application: This training introduces DCBS and Child Support Enforcement staffs to the prevalence of elder maltreatment in the communities and in nursing homes. Instructional content includes a segment addressing when a person in a nursing home is being physically abused by direct care staff. There are specific components for elder maltreatment indicators and reporting requirements provided for staff.

Course Name: Meeting Needs of Vulnerable Adults

Course Description: This training prepares participants to identify and assess the service needs of vulnerable adults. This includes those in need of protective services; victims of abuse, neglect and/or exploitation; and general adult service requests. The training prepares participants to provide such services as necessary to develop appropriate case plans, provide appropriate case management, and prepare for and participate in judicial hearings. Specific focus includes communication and assessment strategies, standards of practice (SOP), documentation, utilization of appropriate community resources, alternate care, and involuntary adult services. The training is a component in the Protection and Permanency Academy training series designed for new P&P staff and is also a part of Course II - Family Violence in the Credit for Learning (CFL) Program.

Application: This training is provided to all new Protection & Permanency (P&P) staff, both Child Protective Services and APS staff, as well as tenured staff per request. There are multiple components during which P&P staff identifies indicators of abuse, neglect, and exploitation, as well as formulates assessment and service delivery questions around those indicators. Additional components include the presentation of the Kentucky statutes (KRS) and APS SOP, and participants apply methods of investigation and service delivery using case scenarios. A component is presented in which participants discuss the requirements of authorized agencies outlined in KRS 209.020 (17), reporting requirements to each of those agencies, and staff requirements upon conclusion of the investigation. Training materials include interviews of residents with dementia who live in a nursing home. P&P staff discusses the different interviewing techniques involved and illustrate their comprehension of those techniques.

Course Name: Working with Adults with Developmental Disabilities

Course Description: This training prepares participants to identify and assess the service needs of adults with developmental disabilities. This includes protective services, general adult services, and alternate care services. The training prepares participants to provide such intake and investigation services as necessary to develop appropriate case plans, and to provide appropriate case management. Specific focuses include strategies to serve these client populations, application of related SOP, documentation of interventions, utilization of appropriate community resources, and identification of client issues related to their disability.

Application: This training is intended for all APS staff as well as Child Protective Services and foster care staff providing services to children with disabilities, including those who may transition from Out of Home Care. This training provides information on the different types of service interventions, plans and medications for residents with disabilities, and assessment skill sets.

Course Name: Investigations in Alternate Care Facilities: Supports for Community Living (SCL)

Course Description: This web-based training prepares participants to identify and assess the service needs of adults in Support for Community Living (SCL) Program's residential homes. Participants completing this training will be provided with basic, preliminary information and requirements of the SCL Program, application for services and emergency resources, medication record-keeping, provider expectations, and incident reporting. The content presented in this training is applied and referenced in the Investigations in Alternate Care Facilities training, specifically how it relates to conducting investigations of adult abuse, neglect, and exploitation at these facilities.

Application: During this web-based training, APS staff can review the available SCL services, documentation that may be found when reviewing medical records in these placements, and some of the regulatory requirements from the Division of Developmental and Intellectual Disabilities.

Course Name: Investigations in Alternate Care Facilities

Course Description: This training prepares participants to identify and assess the service needs of adults in alternate care facilities. This includes those in need of protective services as well as victims of abuse, neglect, and/or exploitation. Training participants learn how to complete a protective service investigation and to develop appropriate case plans. Specific focuses include SOP, documentation, and utilization of appropriate community resources, such as regulatory agencies. Participants gain an understanding of Medicaid charting utilized in alternate care settings.

Application: This training is required for all APS staff. Participants review the specific APS SOP applicable to all alternate care facility investigations. Participants review training material in which residents in a nursing home are interviewed and then identify potential indicators of maltreatment and regulatory violations. Training materials include photographs of durable medical equipment products used in nursing homes, photographs of pressure ulcers followed by a discussion of the observation, recording, and photo-documentation. An investigative method, similar to the OIG survey model, is presented.

APS Collaborative Partnerships

As directed in KRS 209.010, DCBS actively partners with a number of agencies and entities that have a responsibility to respond to the abuse, neglect, or exploitation of adults. The following provides an overview of ongoing collaborative arrangements to improve response to vulnerable and elderly adults.

- Monthly meetings with the Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID) - In a longstanding practice, DCBS and DBHDID meet monthly in an effort to improve coordination between the agencies. The discussion ranges from specific cases that overlap both systems to macro-level issues. These meetings have proven to be of value in improving outcomes for both the APS and CPS populations.
- Healthcare Advisory Committee (HCAC) -This committee provides guidance for end-of-life issues that Guardianship Services Program staff face on a daily basis. The HCAC is the mechanism by which the CHFS Do Not Resuscitate (DNR) protocol for state wards was developed. From its inception, the HCAC has provided leadership related to the DNR process and end-of-life quandaries that involve state wards. It includes, but is not limited to, tube feedings, palliative care, surgical intervention, ongoing medical care with a DNR in place, withdrawal of life support, rescinding of DNRs, and prevention of medical neglect. The HCAC is designed to include physicians, DCBS nurses, CHFS legal counsel, DCBS P&P staff, Hospice, P&A, and DAIL's Guardianship Services Program staff. The HCAC is a critical outlet to review these challenging topics through case reviews, workable interventional strategies, and drafting of applicable documents that are user-friendly to the provider community and CHFS staff. The HCAC serves as the conduit for insuring that state guardianship wards receive the most appropriate care related to end-of-life decisions.
- The DCBS Nurse Consultant/Inspector (NCI) continues to work in a supportive role by providing recommendations to Guardianship Services Program staff on medically-related issues, such as:
 - Assisting the Guardianship staff with navigating the medical process, including issues/questions related to diagnosis, treatments, medications, surgical procedures, informed consent, translating medical terminology, and standards of care;
 - Reviewing SOP 5C.7.8 titled, "Life Saving Measures" (also known as Do Not Resuscitate). The NCI reviews submitted information to determine if criteria are met. It may be necessary for the NCI to request additional information/documentation to support criteria;
 - Assisting Guardianship Services Program staff with implementing SOP 5C.7.9 titled, "End of Life Decisions" (Termination of Life Support) by providing, as a courtesy, the translation of the medical terminology in the three physician letters; and
 - Participating in team conferences with Guardianship Services Program staff regarding medical issues.

Federal Legislative Efforts

Elder Justice Act (Enacted)

In 2011, President Obama's proposed Federal Fiscal Year 2012 budget contained a first time funding request for the Elder Justice Act, a total of \$21.5 million. Better than 75% of the total was earmarked for state Adult Protective Services demonstration grants to improve operations. Of those funds, \$1.5 million were targeted for coalition building, training and technical assistance, elder rights program development, and research for preventing and addressing elder abuse within Tribal nations. The Long-term Care Ombudsman Program received the remaining \$5 million to improve resident advocacy to elders and adults with disabilities who live in long-term care settings. Unfortunately, funding for the Elder Justice Act was not included in the final fiscal year 2012 spending bill.

Additional EJA updates include:

- The Administration on Aging (AoA) created the first National Adult Protective Services Resource Center.
- The National Center on Elder Abuse (NCEA) was reconstituted by the (AoA).
- The Office of Financial Protection for Older Americans within the Consumer Financial Protection Bureau began its work.
- A total of 14 states, including Kentucky, have applied for federal grants to conduct criminal background checks on persons seeking employment in nursing homes.
- More than 12,000 individuals signed postcards supporting funding for the Elder Justice Act featuring Mickey Rooney who, in March 2011, testified before the Senate Special Committee on Aging on being a victim of elder abuse.

H.R. 861 - Elder Abuse Victims Act (Pending)

Introduced 2/27/2013 – Assigned to House Judiciary Committee

Sponsor: Rep. Peter King (R-NY)

This bill would establish within the Department of Justice (DOJ) an Office of Elder Justice, which would address issues relating to elder abuse. It would require the Director of the Office to: (1) provide information, training, and technical assistance to assist states and local governments in preventing, investigating, prosecuting, and mitigating the impact of elder abuse, exploitation, and neglect and in addressing the physical and psychological trauma to victims of such abuse; (2) evaluate the efficacy of measures intended to prevent, detect, respond to, or redress elder abuse and the extent to which the needs of the victims in each state are met by crime victim services, programs, and sources of funding; (3) evaluate training models to determine best practices for investigating elder abuse, addressing evidentiary and legal issues, and interacting with victims; and (4) conduct, and regularly update, a study of state laws and practices relating to elder abuse. It also would direct the Attorney General to annually: (1) collect from federal, state, and local law enforcement agencies and prosecutor offices statistical data relating to the incidence of elder abuse; (2) identify common data points among federal, state, and local law enforcement agencies and prosecutor offices that would allow for the collection of uniform national data related to elder abuse; (3) publish a summary of the data collected; (4) identify the types of elder abuse data that should be collected and what entity is most capable of collecting it; and (5) develop recommendations for collecting additional data.

The bill would authorize grants and technical assistance to assist not more than 15 states in establishing and operating programs designed to improve: (1) the response to elder abuse in a manner that limits additional trauma to victims, and (2) the investigation and prosecution of cases of elder abuse. It would require eligible states to: (1) have a qualified crime victims' compensation program; and (2) establish or designate a multidisciplinary task force on elder justice. Finally, it would amend the Social Security Act to include the Director as the alternate for the Attorney General as a member of the national Elder Justice Coordinating Council.

Appendix A: **Data**

60-Plus Population: Statewide Data for SFY 2003 - SFY 2012

Total Adult Protective Services for 60-Plus Population*

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Total # of Reports	7361	7676	9136	9386	9660	11506	12472	13491	17409	16971
Total # of Investigations	5270	5043	5179	6548	6442	7783	9872	7365	10094	7729
Total # of Investigations Substantiated	1180	1471	1543	1844	1762	2152	1973	1859	1962	1694
Total # of Information and Referral Services	677	1010	2333	2002	2416	2824	3601	4620	6692	7436
Total # of General Adult Services	1414	1623	1624	2200	1761	1964	2136	1713	1623	2431
Total # of LTC Facility Investigations								1073	1122	1272
Total # of LTC Facility Investigations Substantiated								164	346	164
Criminal Charges Filed - KRS Chapter 209			238	320	366	371	307	316	309	263

Total # of Investigations by Type for 60-Plus Population

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Adult Abuse	1400	1281	1145	1093	1042	1262	1193	1127	1225	1108
Spouse Abuse	304	399	360	368	373	402	422	466	668	467
Partner Abuse	59	81	89	69	79	104	82	105	195	85
Caretaker Neglect	2197	1942	2031	2161	2093	2640	2610	2496	2820	2318
Self-Neglect	1645	1719	1733	1831	1843	2304	2371	2429	2984	2605
Exploitation	772	858	945	1026	1012	1071	1076	742	1337	1146

Total # of Substantiated Investigations by Type for 60-Plus Population

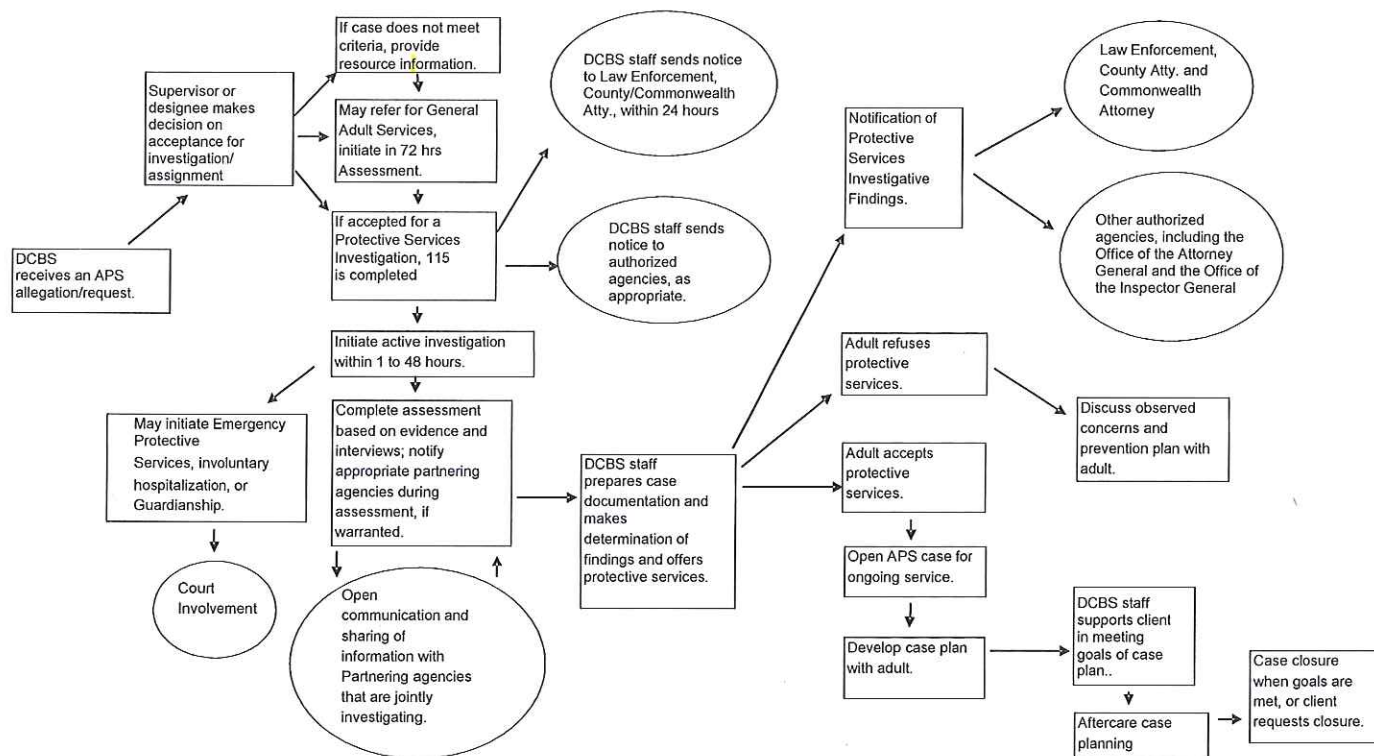
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Adult Abuse	191	229	240	273	242	303	210	251	211	155
Spouse Abuse	45	85	93	85	84	70	91	93	80	77
Partner Abuse	10	17	24	15	14	28	24	23	22	14
Caretaker Neglect	304	300	323	331	347	375	368	461	500	342
Self-Neglect	481	620	623	631	619	856	724	792	1043	838
Exploitation	149	220	240	250	236	260	266	249	440	268

* Long-term care facilities data also include home health agencies, boarding homes, and acute care settings. Improvements to further specify facility/providers types and reporting sources are ongoing.

Appendix B: **Figures**

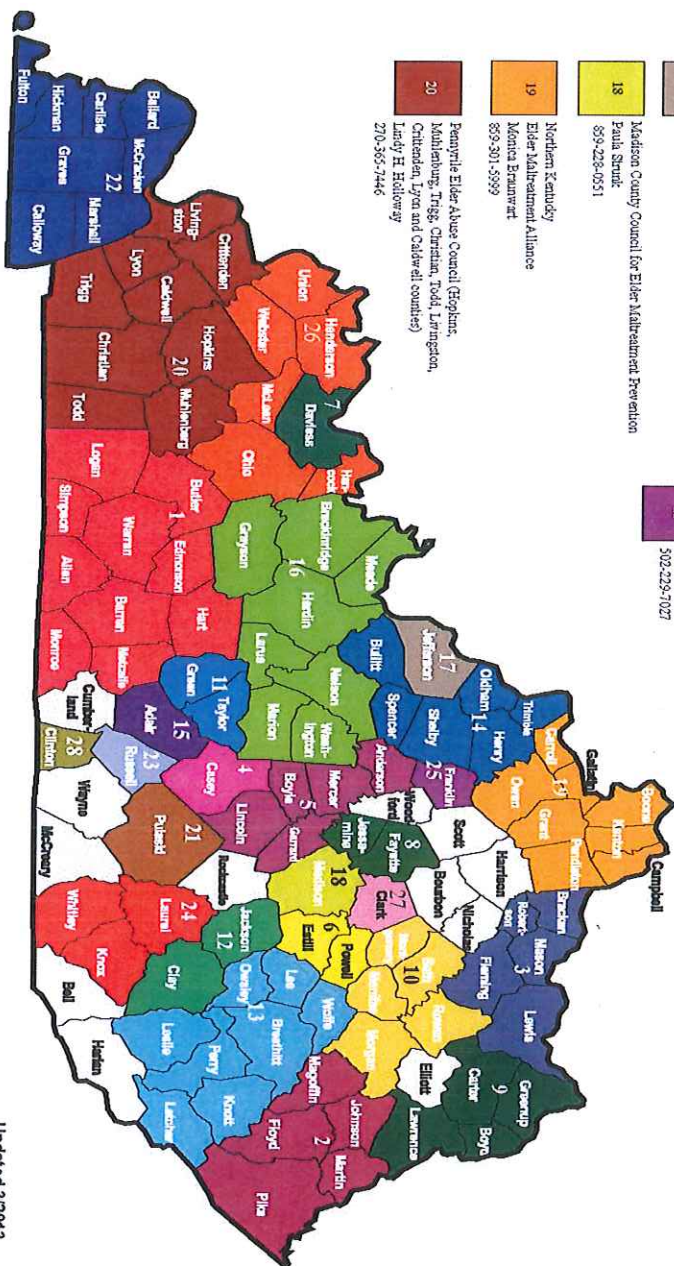
DCBS Adult Protective Services Process Map

DCBS is statutorily charged (KRS 209.010) with the provision of protective services for vulnerable adults. This process is accomplished through a multidisciplinary approach outlined in the following diagram.



2013 Local Coordinating Councils on Elder Abuse

1	Barren River Elder Abuse Council Daniel Curry 1-800-782-1924	13	Kentucky River Council against Maltreatment of Elders Shane Noble 606-356-3158	21	Pulaski County Elder Abuse Council Brian Jiggers 606-675-7421	26	Green River Trade/Elder Justice Coalition Vivian McMillan and Ashley Glenn 800-928-9094 or 270-926-4433
2	Big Sandy Elder Abuse Council Misty Pugh 606-586-2374	14	KIPDA Rural Elder Abuse Council Ben Kearney 502-647-9345	22	Purchase Elder Abuse Council Susan Hall 270-653-4334	27	Clark County Mental Health and Aging Coalition Sabrina Puckett 889-271-3765
3	Buffalo Trace Elder Abuse Council Heather Fuller	15	Lake Cumberland Elder Abuse Council Patricia Hager 270-384-6411	23	Russell County Elder Abuse Council Christy Cunniff 270-866-2899	28	Clinton County Elder Abuse Council Vicky Lobson 606-387-9011
4	Cassy County Elder Abuse Council Todd Bryant 606-387-6889	16	Lincoln Trail Elder Abuse Council	24	Ti County Abuse Council for Elders Denise Harmon 606-578-8844		None
5	Together Elder Abuse and Mental Health (Boyle, Garrard, Lincoln, Mercer, Anderson) Anna Dunham 889-236-2726	17	Louville Metro Elder Abuse Council Honorable Jennifer Jackson 502-574-7389	25	Franklin County Council on Family Abuse Sherry Harrod 502-229-7027		
6	East County Council on Aging Darlene Mackinney 606-723-4787	18	Madison County Council for Elder Maltreatment Prevention Paula Strunk 889-228-0551				
7	Daviess County Debra Jacob 270-687-7491	19	Northern Kentucky Elder Maltreatment Alliance Monica Brannan 889-501-5899				
8	Bluegrass Elder Abuse Prevention Council Troy Johnson 889-478-6072, ext. 321	20	Pennyrile Elder Abuse Council (Floyd, Mabletonburg, Trigg, Christian, Todd, Letcher, Crittenden, Lyon and Caldwell counties) Linda H. Holmway 270-565-7446				
9	Floyd Elder Abuse Council Shanna Carter 606-836-3187						
10	Gallatin Elder Abuse Council Regina Bick 606-780-0090						
11	Great Taylor Elder Abuse Council Shay Arnold 270-932-7455						
12	Jackson and Clay County Elder Abuse Council Melissa Davidson 606-598-2027						



Updated 3/2013

Appendix C:
KRS Chapter 209 and 922 KAR 5:070

KRS Chapter 209

Kentucky Adult Protection Act

209.005 Elder Abuse Committee – Membership – Duties – Annual report.

- (1) The Cabinet for Health and Family Services shall create an Elder Abuse Committee to develop a model protocol on elder abuse and neglect in the Commonwealth, that shall be comprised of various agency representatives that include, but are not limited to:
 - (a) The Department for Community Based Services;
 - (b) The Department for Public Health;
 - (c) The Department for Mental Health and Mental Retardation;
 - (d) The Division of Aging Services;
 - (e) The Division of Health Care Facilities and Services;
 - (f) The Office of the Ombudsman;
 - (g) Area Agencies on Aging;
 - (h) Local and state law enforcement official; and
 - (i) Prosecutors.
- (2) The committee shall address issues of prevention, intervention, investigation, and agency coordination of services on a state and local level through interaction with local groups or entities that either directly or indirectly provide services to the elder population, including, but not limited to:
 - (a) Senior citizen centers;
 - (b) Local governmental human service groups;
 - (c) The Sanders-Brown Center on Aging at the University of Kentucky;
 - (d) Long-term Care Ombudsmen; and
 - (e) Other organizations or associations dedicated to serving elder citizens and their families in the Commonwealth.
- (3) The committee shall:
 - (a) Recommend a model protocol for the joint multidisciplinary investigation of reports of suspected abuse, neglect, or exploitation of the elderly;
 - (b) Recommend practices to assure timely reporting of referrals of abuse, neglect, or exploitation required under KRS 209.030(12);
 - (c) Explore the need for a comprehensive statewide resource directory of services for the elderly;
 - (d) Enhance existing public awareness campaigns for elder abuse and neglect; and
 - (e) Provide forums for the exchange of information to educate the elder population and their families on the rights of elders.
- (4) The committee shall produce an annual report of their activities, products, and recommendations for public policy to the Governor and the Legislative Research Commission.

209.010 Purpose and application of chapter.

- (1) The purpose of this chapter is:
 - (a) To provide for the protection of adults who may be suffering from abuse, neglect, or exploitation, and to bring said cases under the purview of the Circuit or District Court;
 - (b) To provide that any person who becomes aware of such cases shall report them to a representative of the cabinet, thereby causing the protective services of the state to be brought to bear in an effort to protect the health and welfare of these adults in need of protective services and to prevent abuse, neglect, or exploitation; and
 - (c) To promote coordination and efficiency among agencies and entities that have a responsibility to respond to the abuse, neglect, or exploitation of adults.
- (2) This chapter shall apply to the protection of adults who are the victims of abuse, neglect, or exploitation inflicted by a person or caretaker. It shall not apply to victims of domestic violence unless the victim is also an adult as defined in KRS 209.020(4).

209.020 Definitions for chapter.

As used in this chapter, unless the context otherwise requires:

- (1) "Secretary" means the secretary of the Cabinet for Health and Family Services;
- (2) "Cabinet" means the Cabinet for Health and Family Services;
- (3) "Department" means the Department for Community Based Services of the Cabinet for Health and Family Services;
- (4) "Adult" means a person eighteen (18) years of age or older who, because of mental or physical dysfunctioning, is

unable to manage his own resources, carry out the activity of daily living, or protect himself from neglect, exploitation, or a hazardous or abusive situation without assistance from others, and who may be in need of protective services;

- (5) "Protective services" means agency services undertaken with or on behalf of an adult in need of protective services who is being abused, neglected, or exploited. These services may include, but are not limited to conducting investigations of complaints of possible abuse, neglect, or exploitation to ascertain whether or not the situation and condition of the adult in need of protective services warrants further action; social services aimed at preventing and remedying abuse, neglect, and exploitation; and services directed toward seeking legal determination of whether or not the adult in need of protective services has been abused, neglected, or exploited and to ensure that he obtains suitable care in or out of his home;
- (6) "Caretaker" means an individual or institution who has been entrusted with or who has the responsibility for the care of the adult as a result of family relationship, or who has assumed the responsibility for the care of the adult person voluntarily or by contract, employment, legal duty, or agreement;
- (7) "Deception" means, but is not limited to:
 - (a) Creating or reinforcing a false impression, including a false impression as to law, value, intention, or other state of mind;
 - (b) Preventing another from acquiring information that would affect his or her judgment of a transaction; or
 - (c) Failing to correct a false impression that the deceiver previously created or reinforced, or that the deceiver knows to be influencing another to whom the person stands in a fiduciary or confidential relationship;
- (8) "Abuse" means the infliction of injury, sexual abuse, unreasonable confinement, intimidation, or punishment that results in physical pain or injury, including mental injury;
- (9) "Exploitation" means obtaining or using another person's resources, including but not limited to funds, assets, or property, by deception, intimidation, or similar means, with the intent to deprive the person of those resources;
- (10) "Investigation" shall include, but is not limited to:
 - (a) A personal interview with the individual reported to be abused, neglected, or exploited. When abuse or neglect is allegedly the cause of death, a coroner's or doctor's report shall be examined as part of the investigation;
 - (b) An assessment of individual and environmental risk and safety factors;
 - (c) Identification of the perpetrator, if possible; and
 - (d) Identification by the Office of Inspector General of instances of failure by an administrator or management personnel of a regulated or licensed facility to adopt or enforce appropriate policies and procedures, if that failure contributed to or caused an adult under the facility's care to be abused, neglected, or exploited;
- (11) "Emergency" means that an adult is living in conditions which present a substantial risk of death or immediate and serious physical harm to himself or others;
- (12) "Emergency protective services" are protective services furnished an adult in an emergency;
- (13) "Protective placement" means the transfer of an adult from his present living arrangement to another;
- (14) "Court" means the Circuit Court or the District Court if no judge of that Circuit Court is present in the county;
- (15) "Records" means the medical, mental, health, and financial records of the adult that are in the possession of any hospital, firm, corporation, or other facility, if necessary to complete the investigation mandated in this chapter. These records shall not be disclosed for any purpose other than the purpose for which they have been obtained;
- (16) "Neglect" means a situation in which an adult is unable to perform or obtain for himself the goods or services that are necessary to maintain his health or welfare, or the deprivation of services by a caretaker that are necessary to maintain the health and welfare of an adult; and
- (17) "Authorized agency" means:
 - (a) The Cabinet for Health and Family Services;
 - (b) A law enforcement agency or the Kentucky State Police;
 - (c) The office of a Commonwealth's attorney or county attorney; or
 - (d) The appropriate division of the Office of the Attorney General.

209.030 Administrative regulations – Reports of adult abuse, neglect, or exploitation – Cabinet actions – Status and disposition reports.

- (1) The secretary may promulgate administrative regulations in accordance with KRS Chapter 13A to effect the purposes of this chapter. While the cabinet shall continue to have primary responsibility for investigation and the provision of protective services under this chapter, nothing in this chapter shall restrict the powers of another authorized agency to act under its statutory authority.
- (2) Any person, including but not limited to physician, law enforcement officer, nurse, social worker, cabinet personnel, coroner, medical examiner, alternate care facility employee, or caretaker, having reasonable cause to suspect that an adult has suffered abuse, neglect, or exploitation, shall report or cause reports to be made in accordance with the provisions of this chapter. Death of the adult does not relieve one of the responsibility for

reporting the circumstances surrounding the death.

- (3) An oral or written report shall be made immediately to the cabinet upon knowledge of suspected abuse, neglect, or exploitation of an adult.
- (4) Any person making such a report shall provide the following information, if known:
 - (a) The name and address of the adult, or of any other person responsible for his care;
 - (b) The age of the adult;
 - (c) The nature and extent of the abuse, neglect, or exploitation, including any evidence of previous abuse, neglect, or exploitation;
 - (d) The identity of the perpetrator, if known;
 - (e) The identity of the complainant, if possible; and
 - (f) Any other information that the person believes might be helpful in establishing the cause of abuse, neglect, or exploitation.
- (5) Upon receipt of the report, the cabinet shall conduct an initial assessment and take the following action:
 - (a) Notify within twenty-four (24) hours of the receipt of the report the appropriate law enforcement agency. If information is gained through assessment or investigation relating to emergency circumstances or a potential crime, the cabinet shall immediately notify and document notification to the appropriate law enforcement agency;
 - (b) Notify each appropriate authorized agency. The cabinet shall develop standardized procedures for notifying each appropriate authorized agency when an investigation begins and when conditions justify notification during the pendency of an investigation;
 - (c) Initiate an investigation of the complaint; and
 - (d) Make a written report of the initial findings together with a recommendation for further action, if indicated.
- (6)
 - (a) The cabinet shall, to the extent practicable, coordinate its investigation with the appropriate law enforcement agency and, if indicated, any appropriate authorized agency or agencies.
 - (b) The cabinet shall, to the extent practicable, support specialized multidisciplinary teams to investigate reports made under this chapter. This team may include law enforcement officers, social workers, Commonwealth's attorneys and county attorneys, representatives from other authorized agencies, medical professionals, and other related professionals with investigative responsibilities, as necessary.
- (7) Any representative of the cabinet may enter any health facility or health service licensed by the cabinet at any reasonable time to carry out the cabinet's responsibilities under this chapter. Any representative of the cabinet actively involved in the conduct of an abuse, neglect, or exploitation investigation under this chapter shall also be allowed access to financial records and the mental and physical health records of the adult which are in the possession of any hospital, firm, financial institution, corporation, or other facility if necessary to complete the investigation mandated by this chapter. These records shall not be disclosed for any purpose other than the purpose for which they have been obtained.
- (8) Any representative of the cabinet may with consent of the adult or caretaker enter any private premises where any adult alleged to be abused, neglected, or exploited is found in order to investigate the need for protective services for the purpose of carrying out the provisions of this chapter. If the adult or caretaker does not consent to the investigation, a search warrant may be issued upon a showing of probable cause that an adult is being abused, neglected, or exploited, to enable a representative of the cabinet to proceed with the investigation.
- (9) If a determination has been made that protective services are necessary when indicated by the investigation, the cabinet shall provide such services within budgetary limitations, except in such cases where an adult chooses to refuse such services.
- (10) In the event the adult elects to accept the protective services to be provided by the cabinet, the caretaker shall not interfere with the cabinet when rendering such services.
- (11) The cabinet shall consult with local agencies and advocacy groups, including but not limited to long-term care ombudsmen, law enforcement agencies, bankers, attorneys, providers of nonemergency transportation services, and charitable and faith-based organizations, to encourage the sharing of information, provision of training, and promotion of awareness of adult abuse, neglect, and exploitation, crimes against the elderly, and adult protective services.
- (12)
 - (a) By November 1 of each year and in accordance with state and federal confidentiality and open records laws, each authorized agency that receives a report of adult abuse, neglect, or exploitation shall submit a written report to the cabinet that provides the current status or disposition of each case referred to that agency by the cabinet under this chapter during the preceding year. The Elder Abuse Committee established in KRS 209.005 may recommend practices and procedures in its model protocol for reporting to the cabinet under this section.
 - (b) By December 30 of each year, the cabinet shall provide a written report to the Governor and the Legislative Research Commission that summarizes the status of and actions taken on all reports received from authorized agencies and specific departments within the cabinet under this subsection. The cabinet shall identify any report required under paragraph (a) of this subsection that is not received by the cabinet.

Identifying information about individuals who are the subject of a report of suspected adult abuse, neglect, or exploitation shall not be included in the report under this paragraph. The report shall also include recommendations, as appropriate, to improve the coordination of investigations and the provision of protective services. The cabinet shall make the report available to community human services organizations and others upon request.

209.035 Cabinet's authority to promulgate administrative regulations on general adult services.

The cabinet shall promulgate administrative regulations for the provision of general adult services to include uniform criteria for adult intake and appropriate and necessary service provision.

209.040 Remedies – Injunctive relief.

Any court may upon proper application by the cabinet issue a restraining order or other injunctive relief to prohibit any violation of this chapter, regardless of the existence of any other remedy at law.

209.050 Immunity from civil or criminal liability.

Anyone acting upon reasonable cause in the making of any report or investigation or participating in the filing of a petition to obtain injunctive relief or emergency protective services for an adult pursuant to this chapter, including representatives of the cabinet in the reasonable performance of their duties in good faith, and within the scope of their authority, shall have immunity from any civil or criminal liability that might otherwise be incurred or imposed. Any such participant shall have the same immunity with respect to participation in any judicial proceeding resulting from such report or investigation and such immunity shall apply to those who render protective services in good faith pursuant either to the consent of the adult or to court order.

209.060 Privileged relationships not ground for excluding evidence.

Neither the psychiatrist-patient privilege nor the husband-wife privilege shall be a ground for excluding evidence regarding the abuse, neglect, or exploitation of an adult or the cause thereof in any judicial proceeding resulting from a report pursuant to this chapter.

209.080 Title.

This chapter may be cited as the Kentucky Adult Protection Act.

209.090 Legislative intent.

The General Assembly of the Commonwealth of Kentucky recognizes that some adults of the Commonwealth are unable to manage their own affairs or to protect themselves from abuse, neglect, or exploitation. Often such persons cannot find others able or willing to render assistance. The General Assembly intends, through this chapter, to establish a system of protective services designed to fill this need and to assure their availability to all adults. It is also the intent of the General Assembly to authorize only the least possible restriction on the exercise of personal and civil rights consistent with the person's needs for services, and to require that due process be followed in imposing such restrictions.

209.100 Emergency protective services.

- (1) If an adult lacks the capacity to consent to receive protective services in an emergency, these services may be ordered by a court on an emergency basis through an order pursuant to KRS 209.110, provided that:
 - (a) The adult is in a state of abuse or neglect and an emergency exists;
 - (b) The adult is in need of protective services;
 - (c) The adult lacks the capacity to consent and refuses to consent to such services; and
 - (d) No person authorized by law or court order to give consent for the adult is available to consent to emergency protective services or such person refuses to give consent.
- (2) In ordering emergency protective services, the court shall authorize only that intervention which it finds to be the least restrictive of the individual's liberty and rights while consistent with his welfare and safety.

209.110 Petition – Guardian ad litem – Summons – Notice – Hearing – Report to court – Fee.

- (1) A petition by the cabinet for emergency protective services shall be verified by an authorized representative of the cabinet and shall set forth the name, age, and address of the adult in need of protective services; the nature of the disability of the adult, if determinable; the proposed protective services; the petitioner's reasonable belief, together with the facts supportive thereof, as to the existence of the facts, and the facts showing the petitioner's attempts to obtain the adult's consent to the services and the outcomes of such attempts. The petition and all subsequent court documents shall be entitled: "In the interest of—, an adult in need of protective services." The petition shall be filed in the court of the adult's residence, or if filed pursuant to KRS 209.130, the court of the county in which the adult is physically located.

- (2) When a petition for emergency protective services is filed, the court or the clerk shall immediately appoint a guardian ad litem to represent the interest of the adult. The duties of a guardian ad litem representing an adult for whom a petition for emergency protective services has been filed shall include personally interviewing the adult, counseling with the adult with respect to this chapter, informing him of his rights and providing competent representation at all proceedings, and such other duties as the court may order.
- (3) Following the filing of a petition, a summons shall be issued and served with a copy of the petition, and notice of the time, date and location of the hearing to be held on the petition. Service shall be made upon the adult and his guardian or, if none, his caretaker. Should the adult have no guardian or caretaker, service shall be made upon the adult's guardian ad litem. Notice of the hearing shall be given to the adult's spouse, or, if none, to his adult children or next of kin, unless the court is satisfied that notification would be impractical. Service shall not be made upon any person who is believed to have perpetrated the abuse, neglect, or exploitation. Service of the petition shall be made at least three (3) calendar days prior to the hearing for emergency protective services.
- (4) The hearing on the petition for an emergency order for protective services shall be heard under the following conditions:
 - (a) The hearing on the petition, in the interests of expedition, may be held in any county within the judicial district or circuit served by the court. The court shall give priority to the holdings of the hearings pursuant to petitions filed under this chapter;
 - (b) The adult or his representative may present evidence and cross-examine witnesses; and
 - (c) The adult or his representative may petition the court to have any order which is entered pursuant to this chapter, set aside or modified for good cause.
- (5) Where protective services are rendered on the basis of an order pursuant to this section, the cabinet shall submit a report to the court describing the circumstances including the name, place, date, and nature of the services. Such report shall be made at least once or on a monthly basis if protective services are provided the adult for a period of longer than one (1) month.
- (6) The fee of the guardian ad litem shall be paid by the cabinet not to exceed three hundred dollars (\$300). This fee is not to be paid to attorneys employed by government funded legal services programs.

209.120 Findings by court – Limitations of court's power – Termination of order.

- (1) Upon petition by the cabinet a court may issue an order authorizing the provision of emergency protective services to an adult after a hearing and upon a finding based on a preponderance of the evidence that:
 - (a) The adult is in a state of abuse, neglect, or exploitation and is living in conditions which present a substantial risk of death or immediate and serious physical harm to himself or others;
 - (b) The adult is in need of protective services;
 - (c) The adult lacks the capacity to consent to such services; and
 - (d) No person authorized by law or court order to give consent for the adult is available to consent to protective services or such person refuses to give consent.
- (2) In issuing an emergency order the court shall adhere to the following limitations:
 - (a) Only such protective services, including medical and surgical care and protective placement, as are necessary to remove the conditions creating the emergency shall be covered, and the court shall specifically designate the approved services in its order. Such designation of approved services shall be deemed to be the consent of the court authorizing the provision of such services.
 - (b) Protective services authorized by the court shall not include hospitalization or protective placement unless the court specifically finds such action is necessary and gives specific approval for such action in its order.
 - (c) The issuance of an emergency order shall not deprive the adult of any rights except to the extent validly provided for in the order.
 - (d) To implement an order, the court may authorize forcible entry of the premises of the adult for the purpose of rendering protective services or transporting the adult to another location for the provision of such services. Authorized forcible entry shall be accomplished by a peace officer accompanied by a representative of the cabinet.
- (3) If the court finds, pursuant to a hearing, that the adult is in need of protective services, and should that adult have a guardian who has been derelict in providing for the welfare of the adult, the court shall have the discretion to remove the guardian and appoint another guardian, if an individual is available, willing, and able to function as guardian; such removal and appointment shall be in compliance with the provisions of KRS Chapter 387. It is not necessary for the court to find a guardian has been derelict as a requirement for the issuance of an order for protective services.
- (4) If the court finds that protective services are no longer needed by the adult, the court shall order the emergency protective services to terminate.

209.130 Ex parte order of court – Implementation.

- (1) When from an affidavit or sworn testimony of an authorized representative of the cabinet, it appears probable that an adult will suffer immediate and irreparable physical injury or death if protective services are not immediately provided, and it appears that the adult is incapable of giving consent, the court may assume jurisdiction and issue an ex parte order providing that certain specific protective services be provided the adult. The court shall not authorize such protective services except those specifically designed to remove the adult from conditions of immediate and irreparable physical injury or death. A copy of the order shall be served upon the adult and his guardian, or if none, his caretaker. Service shall not be made upon the person or caretaker who is believed to have perpetrated the abuse, neglect, or exploitation.
- (2) To implement an ex parte order, the court may authorize forcible entry of the premises of the adult for the purpose of rendering protective services or transporting the adult to another location for the provision of such services. Authorized forcible entry shall be accomplished by a peace officer accompanied by a representative of the cabinet.
- (3) Upon the issuance of an ex parte order, the cabinet must file a petition as soon as possible. A hearing must be held within seventy-two (72) hours, exclusive of Saturdays and Sundays, from the issuance of an ex parte order.

209.140 Confidentiality of information.

All information obtained by the department staff or its delegated representative, as a result of an investigation made pursuant to this chapter, shall not be divulged to anyone except:

- (1) Persons suspected of abuse or neglect or exploitation, provided that in such cases names of informants may be withheld, unless ordered by the court;
- (2) Persons within the department or cabinet with a legitimate interest or responsibility related to the case;
- (3) Other medical, psychological, or social service agencies, or law enforcement agencies that have a legitimate interest in the case;
- (4) Cases where a court orders release of such information; and
- (5) The alleged abused or neglected or exploited person.

209.150 Who may make criminal complaint.

Any representative of the cabinet acting officially in that capacity, any person with personal knowledge of the abuse or neglect, or exploitation of an adult by a caretaker, or an adult who has been abused or neglected or exploited shall have standing to make a criminal complaint.

209.160 Spouse abuse shelter fund – Department of Revenue to administer – Cabinet for Health and Family Services to use – Primary service providers.

- (1) There is hereby created a trust and agency account in the State Treasury to be known as the domestic violence shelter fund. Each county clerk shall remit to the fund, by the tenth of the month, ten dollars (\$10) from each twenty-four dollars (\$24) collected during the previous month from the issuance of marriage licenses. The fund shall be administered by the Department of Revenue. The Cabinet for Health and Family Services shall use the funds for the purpose of providing protective shelter services for domestic violence victims.
- (2) The Cabinet for Health and Family Services shall designate one (1) nonprofit corporation in each area development district to serve as the primary service provider and regional planning authority for domestic violence shelter, crisis, and advocacy services in the district in which the designated provider is located.

209.170 Staffing requirements.

The Cabinet for Health and Family Services shall provide for sufficient social worker staff to implement the provisions of this chapter. This staff shall obtain the training provided under KRS 194A.545.

209.180 Prosecution of adult abuse, neglect, and exploitation.

- (1) If adequate personnel are available, each Commonwealth's attorney's office and each county attorney's office shall have an attorney trained in adult abuse, neglect, and exploitation.
- (2) Commonwealth's attorneys and county attorneys, or their assistants, shall take an active part in interviewing the adult alleged to have been abused, neglected, or exploited, and shall inform the adult about the proceedings throughout the case.
- (3) If adequate personnel are available, Commonwealth's attorneys and county attorneys shall provide for an arrangement that allows one (1) lead prosecutor to handle the case from inception to completion to reduce the number of persons involved with the adult victim.
- (4) Commonwealth's attorneys, county attorneys, cabinet representatives, and other members of multidisciplinary teams shall minimize the involvement of the adult in legal proceedings, avoiding appearances at preliminary hearings, grand jury hearings, and other proceedings when possible.
- (5) Commonwealth's attorneys, county attorneys, and victim advocates employed by Commonwealth's attorneys or

county attorneys shall make appropriate referrals for counseling, private legal services, and other appropriate services to ensure the future protection of the adult when a decision is made not to prosecute the case. The Commonwealth's attorney or county attorney shall explain the decision not to prosecute to the family or guardian, as appropriate, and to the adult victim.

209.190 Prosecutor's manual.

The Attorney General, in consultation with legal, victim services, victim advocacy, and mental health professionals with an expertise in crimes against the elderly, shall develop a prosecutor's manual for Commonwealth's attorneys and county attorneys establishing the policies and procedures for the prosecution of crimes against the elderly. The manual shall be completed no later than January 1, 2006, and shall be revised by July 31 of every even-numbered year after 2007. The Attorney General shall distribute a copy of the manual to every Commonwealth's attorney and county attorney.

209.195 Electronic development of and access to educational and training courses and materials.

Educational and training courses and materials required under KRS 15.760, 21A.170, 69.350, 194A.540, and 194A.545 may be developed and accessed by computer, Internet, or other electronic technology. Agencies are encouraged to post and maintain the programs on their Web sites.

209.990 Penalties.

- (1) Anyone knowingly or wantonly violating the provisions of KRS 209.030(2) shall be guilty of a Class B misdemeanor as designated in KRS 532.090. Each violation shall constitute a separate offense.
- (2) Any person who knowingly abuses or neglects an adult is guilty of a Class C felony.
- (3) Any person who wantonly abuses or neglects an adult is guilty of a Class D felony.
- (4) Any person who recklessly abuses or neglects an adult is guilty of a Class A misdemeanor.
- (5) Any person who knowingly exploits an adult, resulting in a total loss to the adult of more than three hundred dollars (\$300) in financial or other resources, or both, is guilty of a Class C felony.
- (6) Any person who wantonly or recklessly exploits an adult, resulting in a total loss to the adult of more than three hundred dollars (\$300) in financial or other resources, or both, is guilty of a Class D felony.
- (7) Any person who knowingly, wantonly, or recklessly exploits an adult, resulting in a total loss to the adult of three hundred dollars (\$300) or less in financial or other resources, or both, is guilty of a Class A misdemeanor.

922 KAR 5:070

Adult Protective Services

RELATES TO: KRS 61.872, 194A.010, 209.005 -209.200, 202A.051, 202B.100, 387.540(1)

STATUTORY AUTHORITY: KRS 194A.050(1), 209.030(1)

NECESSITY, FUNCTION, AND CONFORMITY: KRS 194A.050(1) requires the secretary to adopt all administrative regulations necessary under applicable state laws to protect, develop, and maintain the health, personal dignity, integrity, and sufficiency of the individual citizens of the Commonwealth and necessary to operate the programs and fulfill the responsibilities vested in the cabinet. KRS 209.030(1) authorizes the secretary to promulgate administrative regulations necessary for the implementation of adult protective services. This administrative regulation establishes the procedures for investigation and protection of adults who are suffering or at risk of abuse, neglect, or exploitation.

Section 1. Definitions. (1) "Abuse" is defined by KRS 209.020(8).

- (2) "Adult" is defined by KRS 209.020(4).
- (3) "Authorized agency" is defined by KRS 209.020(17).
- (4) "Caretaker" is defined by KRS 209.020(6).
- (5) "Emergency" is defined by KRS 209.020(11).
- (6) "Exploitation" is defined by KRS 209.020(9).
- (7) "Investigation" is defined by KRS 209.020(10).
- (8) "Neglect" is defined by KRS 209.020(16).
- (9) "Protective services" is defined by KRS 209.020(5).
- (10) "Records" is defined by KRS 209.020(15).

Section 2. Receiving a Report. (1) An individual suspecting that an adult has suffered abuse, neglect, or exploitation shall:

- (a) Report to the cabinet in accordance with KRS 209.030(2) and (3); and
- (b) Provide the information specified in KRS 209.030(4).
- (2) The identity of the reporting individual shall remain confidential in accordance with KRS 209.140.
- (3) The cabinet shall make available a twenty-four (24) hour on-call response system for emergency reporting after normal office hours.
- (4) The cabinet shall investigate an anonymous report that provides sufficient information regarding the alleged abuse, neglect, or exploitation of an adult.
- (5) If a report does not meet criteria for investigation, the cabinet may refer the reporting source to:
 - (a) Community resources;
 - (b) General adult services in accordance with 922 KAR 5:090; or
 - (c) Domestic violence protective services in accordance with 922 KAR 5:102.
- (6) Upon accepting a report for investigation of alleged adult abuse, neglect, or exploitation, the cabinet shall:
 - (a) Conduct an initial assessment and initiate an investigation in accordance with KRS 209.030(5); and
 - (b) Take into consideration the safety of the adult when proceeding with the actions necessary to initiate an investigation.
- (7) The cabinet shall initiate an investigation upon acceptance of a report of:
 - (a) Abuse, as defined in KRS 209.020(8), if the report alleges:
 - 1. Marks that are or have been observed on an adult that another individual allegedly inflicted;
 - 2. Physical abuse inflicted upon the adult resulting in pain or injury, including a mental injury;
 - 3. An adult being hit in a critical area of the body, such as the head, face, neck, genitals, abdomen, and kidney areas; or
 - 4. An act of sexual abuse;
 - (b) Neglect, as defined in KRS 209.020(16), of an adult that may result in harm to the health and safety of the adult in the following areas:
 - 1. Hygiene neglect, if the adult has physical symptoms that require treatment due to poor care as a result of:
 - a. An act or omission by a caretaker; or
 - b. The absence of a caretaker;
 - 2. Supervision neglect, if the reporting source has observed a physical health and safety risk to an adult resulting from a lack of necessary and appropriate supervision;
 - 3. Food neglect, if an adult shows symptoms of:
 - a. Malnutrition;
 - b. Dehydration;
 - c. Food poisoning; or

- d. Lack of adequate food for a period of time that:
 - (i) Results in physical symptoms; or
 - (ii) Requires treatment;
- 4. Environmental neglect, if a serious health and safety hazard is present, and the adult or the adult's caretaker is not taking appropriate action to eliminate the problem; or
- 5. Medical neglect, if the adult is not receiving treatment for an injury, illness, or disability that:
 - a. Results in an observable decline in the adult's health and welfare;
 - b. May be life threatening; or
 - c. May result in permanent impairment;
 - (c) Exploitation of an adult, as defined in KRS 209.020(9), if the report alleges:
 - 1. Isolation from friends, relatives, or important information, such as:
 - a. Screening telephone calls;
 - b. Denying visitors; or
 - c. Intercepting mail;
 - 2. Physical or emotional dependency;
 - 3. Manipulation;
 - 4. Acquiescence; and
 - 5. Loss of resources; or
 - (d) An adult in need of protective services as defined in KRS 209.020(5).
- (8) If a report alleging the exploitation of an adult does not meet criteria established in subsection (7)(c) of this section, the report may be referred to an appropriate authorized agency or community resource.
- (9) The following criteria shall be used in identifying a report of adult abuse, neglect, or exploitation not requiring an adult protective service investigation:
 - (a) The report does not meet the statutory definitions of:
 - 1. Adult; and
 - 2.a. Abuse;
 - b. Neglect; or
 - c. Exploitation; or
 - (b) There is insufficient information to:
 - 1. Identify or locate the adult; or
 - 2. Explore leads to identify or locate the adult.
- (10) For a report accepted for investigation of alleged adult abuse, neglect, or exploitation, designated regional cabinet staff shall:
 - (a) Prepare an intake report on the "DPP-115, Confidential Suspected Abuse/Neglect, Dependency or Exploitation Reporting Form"; and
 - (b) Submit the DPP-115:
 - 1. For a determination of investigation assignment by cabinet supervisory staff;
 - 2. To the local guardianship office, if the adult is a state guardianship client; and
 - 3. To appropriate authorized agencies, as specified in KRS 209.030(5).

Section 3. Adult Protective Service Investigations. (1) The cabinet shall coordinate its investigation in accordance with KRS 209.030(6).

(2) An adult protective service investigation may include contact with the alleged perpetrator and collaterals, if the contact does not pose a safety concern for the adult or cabinet staff.

(3) Information obtained as a result of a protective service investigation shall be kept confidential in accordance with KRS 209.140.

(4) Requests for written information of the protective service investigation, except for court ordered releases, shall be handled through the open records process in accordance with KRS 61.872 and 922 KAR 1:510.

(5) Designated regional cabinet staff shall initiate the investigation of a report of adult abuse, neglect, or exploitation. If the accepted report of adult abuse, neglect, or exploitation with the expressed permission of the adult indicates:

- (a) An emergency, as defined in KRS 209.020(11), the investigation shall be initiated within one (1) hour; or
- (b) A nonemergency, the investigation shall be initiated within forty-eight (48) hours.

(6) If permission is granted by the adult, designated regional cabinet staff may take photographs, audio, or video recordings.

(7)(a) The cabinet shall obtain a written voluntary statement of adult abuse, neglect, or exploitation if the adult, witness, or alleged perpetrator is willing to provide the written statement; and

- (b) The cabinet shall inform the adult, witness or alleged perpetrator that the:
 - 1. Statement may be shared with appropriate authorized agencies; and
 - 2. Individual may be required to testify in a court of law.

(8) If investigating reports of alleged abuse or neglect of an adult resulting in death, designated regional cabinet staff shall:

- (a) Examine the coroner's or doctor's report;
 - (b) Obtain a copy of the death certificate for the case record, if possible;
 - (c) Notify the commissioner or designee;
 - (d) Consult with appropriate law enforcement, in accordance with KRS 209.030(6)(a) in completing the investigation, if an adult died allegedly as a result of abuse or neglect; and
 - (e) Determine if another resident in an alternate care facility is at risk of abuse or neglect, if the findings of an investigation suggest that an adult in the alternate care facility died allegedly as a result of abuse or neglect.
- (9) Unless the legal representative is alleged to have abused, neglected, or exploited the adult, a legal representative may act on behalf of an adult for purposes of this administrative regulation.

Section 4. Results of the Investigation. (1) Designated regional cabinet staff shall address the following when evaluating the results of the investigation:

- (a) The adult's account of the situation, if possible;
 - (b) The alleged perpetrator's account of the situation, if available;
 - (c) The information supplied by collateral contact;
 - (d) Records and documents;
 - (e) The assessment information;
 - (f) Previous reports involving the adult or alleged perpetrator; and
 - (g) Other information relevant to the protection of an adult.
- (2) The findings of the adult protective service investigation shall be:
- (a) Shared with appropriate authorized agencies in accordance with KRS 209.030(5); and
 - (b) Documented on the cabinet's database.
- (3) Designated regional cabinet staff shall maintain a written record, as specified in KRS 209.030(5), to include:
- (a) The DPP-115; and
 - (b) A narrative documenting:
 - 1. The investigation; and
 - 2. Findings of the investigation.
- (4) If an issue or concern identified by the cabinet does not require a protective service case being opened, the cabinet may work with the adult to develop an aftercare plan:
- (a) At the consent of the adult; and
 - (b) In an effort to prevent a recurrence of adult abuse, neglect, or exploitation.

Section 5. Substantiation Criteria and Submission of Findings. (1) In determining if an allegation is substantiated, the cabinet shall use the statutory definitions of:

- (a) Adult; and
 - (b) 1. Abuse;
 - 2. Neglect; or
 - 3. Exploitation.
- (2) If preponderance of evidence exists, designated regional cabinet staff may make a finding of and substantiate abuse, neglect, or exploitation.
- (3) A finding made by cabinet staff shall not be a judicial finding.
- (4) Cabinet supervisory staff shall review and approve a finding of an investigation prior to its finalization.

Section 6. Opening a Case. (1) A case may be opened:

- (a) As a result of a protective service investigation; or
 - (b) Upon identification of an adult through a general adult services assessment as being at risk of abuse, neglect, or exploitation.
- (2) The decision to open a case shall be based on the:
- (a) Voluntary request for, or acceptance of, services by an adult who needs adult protection or general adult services; or
 - (b) Need for involuntary emergency protective services.
- (3) If it has been determined that an adult is incapable of giving consent to receive protective services, the court may assume jurisdiction and issue an ex parte order in accordance with KRS 209.130.
- (4) Emergency protective services shall be provided in accordance with KRS 209.110.
- (5) The cabinet shall develop an adult's case plan with the adult and, upon consent of the adult, may include consideration of the following:
- (a) Designated regional cabinet staff;
 - (b) Family members;

- (c) Family friends;
- (d) Community partners; or
- (e) Other individuals requested by the adult.
- (6) Within thirty (30) calendar days of opening a case, designated regional cabinet staff shall:
 - (a) Initiate a case plan with the adult; and
 - (b) Submit the plan to supervisory staff for approval.

Section 7. Referrals for Criminal Prosecution. The cabinet shall refer substantiated reports of adult abuse, neglect, or exploitation to Commonwealth attorneys and county attorneys for consideration of criminal prosecution in accordance with KRS 209.180.

Section 8. Restraining Order or Injunctive Relief. If necessary, designated regional cabinet staff shall contact the cabinet's Office of Legal Services for advice and assistance in obtaining restraining orders or other forms of injunctive relief that may be issued for protection of an adult, in accordance with KRS 209.040.

Section 9. Guardianship or Conservatorship of Disabled Persons. (1) In an attempt to provide appropriate protective services, designated regional cabinet staff shall assess the need for guardianship if an individual appears unable to make an informed choice to:

- (a) Manage personal affairs;
- (b) Manage financial affairs; or
- (c) Carry out the activities of daily living.
- (2) Designated regional cabinet staff may assist in protective service situations in seeking out family, friends, or other interested and qualified individuals who are willing and capable to become guardians.
- (3) Upon an order of the court, the cabinet shall file an interdisciplinary evaluation report in accordance with KRS 387.540(1).

Section 10. Involuntary Hospitalization. (1) Designated regional cabinet staff shall encourage the voluntary hospitalization of an adult who needs to secure mental health treatment to avoid serious physical injury or death.

(2) Designated regional cabinet staff may file a petition for involuntary hospitalization in accordance with KRS 202A.051 and 202B.100 if:

- (a) The adult lacks the capacity to consent or refuses mental health treatment;
- (b) Other resources are not available;
- (c) Another petitioner is absent or unavailable; and
- (d) Prior cabinet supervisory approval is obtained.

Section 11. Reporting. (1) Reports of adult abuse, neglect, or exploitation shall be maintained in the cabinet's database for:

- (a) Use in future investigations; and
- (b) Annual reporting requirements as specified in KRS 209.030(12).

(2) The cabinet shall submit a report annually to the Governor and Legislative Research Commission in accordance with KRS 209.030(12)(b).

(a) In addition to the information required by KRS 209.030(12)(b), the summary of reports received by the cabinet shall include for each individual who is the subject of a report:

- 1. Age;
- 2. Demographics;
- 3. Type of abuse;
- 4. The number of:
 - a. Accepted reports; and
 - b. Substantiated reports; and
- 5. Other information relevant to the protection of an adult.

(b) The information required in paragraph (a) of this subsection shall only be provided if it does not identify an individual.

Section 12. Case Closure and Aftercare Planning. (1) The cabinet's decision to close an adult protective service case shall be based upon:

- (a) Evidence that the factors resulting in adult abuse, neglect, or exploitation are resolved to the extent that the adult's needs have been met;
- (b) The request of the adult; or
- (c) A lack of legal authority to obtain court ordered cooperation from the adult.
- (2) An adult shall be:
 - (a) Notified in writing of the decision to close the protective service case; and

(b) Advised of the right to request a service appeal in accordance with Section 13 of this administrative regulation.

(3) If an adult protective service case is appropriate for closure, the cabinet may work with the adult to develop an aftercare plan:

(a) At the consent of the adult; and

(b) In an effort to prevent a recurrence of adult abuse, neglect, or exploitation.

(4) If the cabinet closes the protective service case in accordance with this section, aftercare planning may link the adult to community resources for the purpose of continuing preventive measures.

Section 13. Appeal Rights. A victim of adult abuse, neglect, or exploitation may request a service appeal in accordance with 922 KAR 1:320, Section 2.

Section 14. Incorporation by Reference. (1) "DPP-115, Confidential Suspected Abuse/Neglect, Dependency, or Exploitation Reporting Form", edition 9/05, is incorporated by reference.

(2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Department for Community-Based Services, 275 East Main Street, Frankfort, Kentucky 40621, Monday through Friday, 8 a.m. to 4:30 p.m. (17 Ky.R. 3618; eff. 8-21-91; Am. 21 Ky.R. 667; eff. 9-21-94; Recodified from 905 KAR 5:070, 10-30-98; Am. 25 Ky.R. 2473; 26 Ky.R. 81; 403; eff. 8-16-99; 32 Ky.R. 1002; 1450; 1677; eff. 3-9-2006.)

Appendix E: **Resources**

National Center on Elder Abuse (NCEA)

The NCEA serves as a national resource center dedicated to the prevention of elder mistreatment. First established by the U.S. Administration on Aging (AoA) in 1988 as a national elder abuse resource center, the NCEA was granted a permanent home at AoA in the 1992 amendments made to Title II of the Older Americans Act (OAA). To carry out its mission, the NCEA disseminates elder abuse information to professionals and the public, and provides technical assistance and training to states and to community-based organizations. The NCEA makes news and resources available on-line and in an easy-to-use format, collaborates on research, provides training, identifies and provides information about promising practices and interventions, operates a listserve forum for professionals, and provides subject matter expertise on program and policy development.

The NCEA operates as a unique, multi-disciplinary consortium of equal partners with expertise in elder abuse, neglect, and exploitation. Over the years, the NCEA collaborators have addressed the provisions outlined in the OAA through various activities and worked towards assisting the nation better address and respond to elder abuse, neglect, and exploitation. Not only have the NCEA's collaborators come from various professional fields, the NCEA has proved a valuable resource to many professionals working in some way with older victims of elder mistreatment, including: adult protective services; national, state, and local aging networks; law enforcement; health care professionals; domestic violence networks; and others.

National Center on Elder Abuse c/o University of California-Irvine
Program in Geriatric Medicine
101 The City Drive South
200 Building
Orange, CA 92868
1-855-500-3537
www.ncea.aoa.gov

National Adult Protective Services Association (NAPSA)

The NAPSA is a national non-profit 501 (c) (6) organization with members in all 50 states, including the District of Columbia, the U.S. Virgin Islands, and Guam. It was formed in 1989 to provide state APS program administrators and staff with a forum for sharing information, solving problems, and improving the quality of services for victims of elder and vulnerable adult abuse.

NAPSA is a partner in the NCEA funded by the AoA, and a founding member of the Elder Justice Coalition. As part of an ongoing effort to increase collaboration with other national and state organizations, NAPSA has also participated in grant project activities with the American Bar Association Commission on Law and Aging, the Wisconsin Coalition Against Domestic Violence, the National Organization of Victims Advocates, the California District Attorneys Association and the International Association of Forensic Nurses.

NAPSA conducts annual national training events, research, and innovation in the field of APS. The organization publishes a twice-yearly newsletter written for and by APS members that highlights innovative practices and APS activities throughout the nation. NAPSA is actively involved in conducting ongoing national research activities on topics such as APS training activities, services to self-neglecting adults and national APS data collection.

920 S. Spring Street
Springfield, IL 62704
(217) 523-4431
(217) 882-6064 (fax)
<http://www.apsnetwork.org>

National Committee for the Prevention of Elder Abuse (NCPEA)

The NCPEA is an association of researchers, practitioners, educators, and advocates dedicated to protecting the safety, security, and dignity of America's most vulnerable citizens. It was established in 1988 to achieve a clearer understanding of abuse and provide direction and leadership to prevent it. The committee is one of six partners that make up the NCEA, which is funded by Congress to serve as the nation's clearinghouse on information and materials on abuse and neglect.

The mission of NCPEA is to prevent abuse, neglect, and exploitation of older persons and adults with disabilities through research, advocacy, public and professional awareness, interdisciplinary exchange, and coalition building.

NCPEA:

- Conducts research to reveal the causes of abuse and effective means for preventing it;
- Contributes to the scientific knowledge base on elder abuse by identifying critical information needs and providing vehicles for the exchange of new research findings;
- Promotes collaboration and the exchange of knowledge between diverse disciplines;
- Provides professionals with information and training to help them effectively intervene in cases;
- Promotes the growth of community coalitions to ensure comprehensive and well coordinated service delivery;
- Raises community awareness about the problem and solutions; and
- Advocates for needed services and enlightened public policy.

1730 Rhode Island Avenue, NW

Suite 1200

Washington, D.C. 20036

(202) 464-9481

(202) 872-0057 (fax)

<http://www.preventelderabuse.org>

National Association of State Units on Aging (NASUA)

Founded in 1964, the NASUA is a non-profit association representing the nation's 56 officially designated state and territorial agencies on aging. The mission of the association is to advance social, health, and economic policies responsive to the needs of a diverse aging population and to enhance the capacity of its membership to promote the rights, dignity and independence of, and expand opportunities and resources for, current and future generations of older persons, adults with disabilities, and their families.

NASUA is the articulating force at the national level through which the state agencies on aging join together to promote social policy in the public and private sectors responsive to the challenges and opportunities of an aging America.

1201 15th Street, NW

Suite 350

Washington, DC 20005

(202) 898-2578

(202) 898-2583 (fax)

<http://www.nasuad.org>